CAMPAIGN FINANCE REPORT STATE OF WISCONSIN GAB-2

COMMITTEE IDENTIFICATION

| Filing Period Name: | July Continuing 2013 | OFFICE USE ONLY |
|--------------------------------|--|-------------------------|
| | Covers all activity from 01/01/2013 through 06/30/2013 | |
| Name of Committee/Corporation: | Bies for Assembly | 1/2 |
| Street Address: | 2520 Settlement Road | GAB ID : 0103815 |
| City, State and Zip: | Sister Bay, WI 54234 | |

| SUMMARY OF RECEIPTS AND DISBURSEMENTS | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|-----------------------------------|
| 1. RECEIPTS | | |
| 1A. Contributions (Including Loans) from Individuals | \$0.00 | \$0.00 |
| 1B. Contributions from Committees (Transfers-In) | \$0.00 | \$0.00 |
| 1C. Other Income and Commercial Loans | \$0.00 | \$0.00 |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$0.00 | \$0.00 |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$373.70 | \$373.70 |
| 2B. Contributions to Committees (Transfers-Out) | \$0.00 | \$0.00 |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$373.70 | \$373.70 |

CASH SUMMARY

| Cash Balance Beginning of Report* | \$14,701.13 | |
|--|-------------|--|
| Total Receipts | \$0.00 | |
| Subtotal | \$14,701.13 | |
| Total Disbursements | \$373.70 | |
| CASH BALANCE END OF REPORT* | \$14,327.43 | |
| INCURRED OBLIGATIONS | | |
| (Balance at the Close of This Period-3A) | \$0.00 | |
| LOANS (Balance at the Close of This Period-3B) | \$402.50 | |

^{*}Cash Balance as reported by committee

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| Type or Print Name of Candidate or Treasurer: | Signature of Candidate or Treasurer I | Date: | Daytime Phone: |
|---|---------------------------------------|--------|----------------------|
| Bies, Garey | ı | Email: | garey.bies@gmail.com |

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2 (Rev. 12/03) This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A

RECEIPTS Contributions From Individuals

| Date | Full Name | Address | Occupation | Employer Name | Employer Address | Amount | YTD |
|--------------------|--------------------------------|---------|------------|------------------|---------------------|--------|-----|
| | Total Unitemized Contributions | | | | | | |
| | | | To | otal Anonymou | s Contributions | \$0.00 | |
| Grand Total | | | | \$0.00 | | | |
| Non-Monetary (-): | | | | \$0.00 | | | |
| Loan Forgiven (-): | | | | | \$0.00 | | |
| | | | | | Total | \$0.00 | |

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

| Date | Full Name | Address | Amount | YTD |
|-------------------|-------------|---------|--------|-----|
| | Grand Total | | \$0.00 | |
| Non-Monetary (-): | | \$0.00 | | |
| | | Total | \$0.00 | |

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

| Date | Full Name | Address | Amount | YTD |
|------|-----------|---------|--------|-----|
| | | Total | \$0.00 | |

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

| Date | Full Name | Address | Vendor Name | Vendor Address | Expense Purpose | Amount |
|-------------------|------------------------|---|-------------------|---------------------------------------|--|----------|
| Monetary | | | | | | |
| 01/14/2013 | Sister Bay Post Master | Sister Bay, WI 54234 | | | Postage | \$44.00 |
| 02/11/2013 | Sister Bay Post Master | Sister Bay, WI 54234 | | | Postage | \$46.00 |
| 03/20/2013 | Card Services | P O Box 94014, Palatine, IL 60094-4014 | Nelson Media Inc. | Box 141000, Nashville, TN 37214 | Printing Misc. (buttons, bumper stickers, t- shirts) | \$283.70 |
| | | | | | Sub Total | \$373.70 |
| Grand Total | | | | | \$373.70 | |
| Non-Monetary (-): | | | | \$0.00 | | |
| | | | | | Total | \$373.70 |

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

| Date | Full Name | Address | Vendor Name | Vendor Address | Amount |
|-----------------------------------|-----------|---------|-------------|-------------------|--------|
| Grand Total | | | | | \$0.00 |
| Non-Monetary (-): | | | | \$0.00 | |
| Registrant In-Kind Sub Total (-): | | | | \$0.00 | |
| | | | | Total | \$0.00 |

SCHEDULE 3-A

ADDITIONAL DISCLOSURE

Incurred Obligations Excluding Loans

Complete Committee Name: Bies for Assembly

Beginning Incurred Obligation Amount: \$0.00

| Date | Full Name | Address | Amount |
|------|-----------|-------------|--------|
| | | Grand Total | \$0.00 |

| Date | Full Name | Amount Paid |
|------|--|-------------|
| | Grand Total | \$0.00 |
| | Outstanding Incurred Obligations End of Report | |

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans

Individual, Committee or Commercial

Complete Committee Name: Bies for Assembly

Beginning Loan Balance: \$402.50

| Date | Full Name | Address | Amount |
|------|-----------|-------------|--------|
| | | Grand Total | \$0.00 |

| Date | Full Name | Amount Paid |
|------|---------------------------------|-------------|
| | Grand Total | \$0.00 |
| | Outstanding Loans End of Report | \$402.50 |